

CLAIMS ONLY								Application Number <u>10-860 989</u>		Filing Date		
								Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep.	3						Total Indep.					
Total Depend.	13						Total Depend.					
Total Claims	16						Total Claims					